

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for Psychological Evaluation.
- b. The request was received on August 19, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. Initial response not submitted.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on October 1, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on October 2, 2002. The response from the insurance carrier was received in the Division on October 8, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated September 23, 2002 that...
"...I attached in our request a copy of our office form that had [referral doctor's] signature as well as the write up performed in his office prior to referring the patient to our office. All this information indicates that [referral doctor] did in fact request the interview in order to help him determine further medical needs of this patient..."

Requestor states in the correspondence dated October 23, 2002 that... “After reviewing the answer by Texas Mutual regarding the above mentioned file, I would like to respond briefly... As per their reference to [treating doctor] not being aware of our service, they acknowledge his reference that ‘Patient is scheduled to see [referral doctor] for pain management on June 13, 2002 and further recommendations will be made after that evaluation’. This is precisely what services [requestor] provided for [referral doctor] and this patient...”

2. Respondent: Respondent states in the correspondence dated October 8, 2002 that... “This carrier denied the charges in dispute with explanation code ‘L’ because the referral health care provider performed this service without the treating doctor’s approval... The requester alleges, ‘Treating doctor has desire for input regarding treatment planning, in particular whether referral for mental health treatment or referral for comprehensive pain management program is appropriate.’ However, the treating doctor’s documentation does not support the above statement. For instance [treating doctor], the treating doctor, reported on 06/12/02 (Exhibit 1): **Patient is scheduled to see [referral doctor] for pain management on June 13, 2002 and further recommendations will be made after that evaluation...**”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date service eligible for review is June 13, 2002.
2. Review of the requestor’s submitted documentation reveals that the referral doctor requested a mental health evaluation from the requestor.
3. Review of the respondent’s submitted documentation reveals that the treating doctor scheduled patient to see [referral doctor] for pain management on June 13, 2002 and further recommendations were to be made after the evaluation.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/13/02	90801	\$270.00	\$0.00	L	\$3/ min x 90 min. = \$270.00	MFG, E/M Ground Rule (X) Rule 408.021(a)	Requestor submitted documentation to support that referral doctor requested the mental health evaluation. Respondent submitted documentation to support that the treating doctor referred patient to referral doctor. Reimbursement of \$690.00 is recommended.
	90825	\$120.00	\$0.00	L	\$2/min x 60 min = \$120.00		
	90887	\$180.00	\$0.00	L	\$3/min x 60 min = \$180.00		
	90889	\$120.00	\$0.00	L	\$2/min x 60 min = \$120.00		
Totals		\$690.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$690.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$690.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 10th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf